

APPLICATION TO DRIVE CHARLES COUNTY VEHICLE

(Please **PRINT** Information)

NAME (First, Middle, Last): _____

Address: _____

Does your job description require a commercial Driver's License (CDL)? YES _____ NO _____

Drivers License No. & Class: _____

Department and Division: _____

Upon approval of this application, the applicant will be responsible for the following:

1. Abide by all State and County laws and regulations.
2. Liable for any violations occurring during the period the vehicle is in the employee's custody.
3. Notify immediate supervisor of any accident/incident/violation or conviction accumulated on the employee's driving record immediately.
4. Driver responsible for maintenance and safe operation of vehicle.

**NON-COMPLIANCE WITH THIS POLICY MAY RESULT IN DISCIPLINARY
ACTION IN ACCORDANCE WITH THE COUNTY'S PERSONNEL POLICIES AND
PROCEDURES.**

I hereby give permission to Charles County Government to verify my driving record periodically. I further understand the terms and conditions as set forth in the above application. I also understand that the Charles County Government vehicle I drive may be equipped with a GPS device capable of monitoring such things as speed, vehicle location, idle time, odd-hours movement, and mileage.

Employee's Signature: _____ Date: _____

VEHICLE ORIENTATION ACKNOWLEDGEMENT

Date of Attendance: _____

Name of Instructor: _____

I acknowledge the fact that I have received and understand the Charles County Government Safety Manual, ☐ Chapter 24 - Vehicle and Driver Policy, ☐ CDL Policy (Chapter 25).

Employee's Signature: _____ Date: _____

APPROVED to drive County Vehicles/Equipment in accordance with Class of Maryland License.

Instructor's Signature: _____ Date: _____